

**Kansas Department for Aging and Disability Services**

Survey, Certification and Credentialing Commission

Health Occupations Credentialing

**Report Date:** 02/11/2016**Report Date Range:** 02/11/2016 - 08/01/2016**Type:** Speech-Language Pathology**CE Course Listing by Location**

Location: OLATHE, KS  
Format: Presentation  
Title: USING APPS IN LANGUAGE INTERVENTION FOR CCSS SUCCESS

Sponsor: OLATHE SCHOOL DISTRICT  
Course Number: 42694  
Beginning Date 02/11/2016 Ending Date 02/11/2016  
Coordinator CATHERINE WORMUS Contact Phone (913) 780-7160  
Total Hours 1.5 Admi Res Care: Elective: P

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Location: TECUMSEH, KS  
Format: Presentation  
Title: USD 450 PROFESSIONAL DEVELOPMENT TRAINING 2015-2016

Sponsor: USD 450  
Course Number: 41950  
Beginning Date 02/15/2016 Ending Date 02/15/2016  
Coordinator KYLE GOODWIN Contact Phone (785) 379-5800  
Total Hours 3.5 Admi Res Care: Elective:

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Location: SHAWNEE MISSION, KS  
Format: Presentation  
Title: ENGLISH LANGUAGE LEARNERS LANGUAGE DIFFERENCE VS DISORDER

Sponsor: SHAWNEE MISSION SCHOOL DISTRICT  
Course Number: 42693  
Beginning Date 02/16/2016 Ending Date 02/16/2016  
Coordinator DEBBIE LAIR Contact Phone  
Total Hours 1.5 Admi Res Care: Elective:

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Location: KANSAS CITY, KS  
Format: Presentation  
Title: INTERCAMPUS PROGRAM IN COMMUNICATIVE DISORDERS

Sponsor: KUMC HEARING AND SPEECH DEPT  
Course Number: 42571  
Beginning Date 02/17/2016 Ending Date 02/17/2016  
Coordinator ANGELA CARRASCO Contact Phone (913) 588-5937  
Total Hours 2.0 Admi Res Care: Elective:

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Location: HAYS, KS  
Format: Presentation  
Title: SPL ISSUES AND PRACTICES DISTRICT WIDE

Sponsor: HAYS SCHOOL DISTRICT USD489  
Course Number: 41956  
Beginning Date 03/02/2016 Ending Date 03/02/2016  
Coordinator ANDREA CARMICHAEL Contact Phone (785) 623-2400  
Total Hours 2.5 Admi Res Care: Elective:

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Location: KANSAS CITY, KS  
Format: Presentation  
Title: INTERCAMPUS PROGRAM IN COMMUNICATIVE DISORDERS

Sponsor: KUMC HEARING AND SPEECH DEPT

Course Number: 42572

Beginning Date 03/16/2016 Ending Date 03/16/2016

Coordinator ANGELA CARRASCO Contact Phone (913) 588-5937

Total Hours 2.0 Admi Res Care: Elective:

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Location: TECUMSEH, KS  
Format: Presentation  
Title: USD 450 PROFESSIONAL DEVELOPMENT TRAINING 2015-2016

Sponsor: USD 450

Course Number: 41951

Beginning Date 03/21/2016 Ending Date 03/21/2016

Coordinator KYLE GOODWIN Contact Phone (785) 379-5800

Total Hours 3.5 Admi Res Care: Elective:

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Location: GODDARD, KS  
Format: Presentation  
Title: CO TEACHING

Sponsor: SEDGWICK COUNTY AREA EDUCATIONAL SERVICES

Course Number: 42034

Beginning Date 04/06/2016 Ending Date 04/06/2016

Coordinator SHELLI BROWN Contact Phone

Total Hours 6.0 Admi Res Care: Elective:

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Location: HAYS, KS  
Format: Presentation  
Title: SPL ISSUES AND PRACTICES DISTRICT WIDE

Sponsor: HAYS SCHOOL DISTRICT USD489

Course Number: 41957

Beginning Date 04/06/2016 Ending Date 04/06/2016

Coordinator ANDREA CARMICHAEL Contact Phone (785) 623-2400

Total Hours 2.5 Admi Res Care: Elective:

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Location: TECUMSEH, KS  
Format: Presentation  
Title: USD 450 PROFESSIONAL DEVELOPMENT TRAINING 2015-2016

Sponsor: USD 450

Course Number: 41952

Beginning Date 04/18/2016 Ending Date 04/18/2016

Coordinator KYLE GOODWIN Contact Phone (785) 379-5800

Total Hours 3.5 Admi Res Care: Elective:

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Location: KANSAS CITY, KS  
Format: Presentation  
Title: INTERCAMPUS PROGRAM IN COMMUNICATIVE DISORDERS

Sponsor: KUMC HEARING AND SPEECH DEPT

Course Number: 42573

Beginning Date 04/20/2016 Ending Date 04/20/2016

Coordinator ANGELA CARRASCO Contact Phone (913) 588-5937

Total Hours 2.0 Admi Res Care: Elective:

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Location: KANSAS CITY, KS  
Format: Presentation  
Title: INTERCAMPUS PROGRAM IN COMMUNICATIVE DISORDERS

Sponsor: KUMC HEARING AND SPEECH DEPT

Course Number: 42574

Beginning Date 05/18/2016 Ending Date 05/18/2016

Coordinator ANGELA CARRASCO Contact Phone (913) 588-5937

Total Hours 2.0 Admi Res Care: Elective:

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Location: KANSAS CITY, KS  
Format: Presentation  
Title: INTERCAMPUS PROGRAM IN COMMUNICATIVE DISORDERS

Sponsor: KUMC HEARING AND SPEECH DEPT

Course Number: 42575

Beginning Date 06/15/2016 Ending Date 06/15/2016

Coordinator ANGELA CARRASCO Contact Phone (913) 588-5937

Total Hours 2.0 Admi Res Care: Elective:

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